

ARIZONA STATE BOARD OF HEALTH

State File No. 486BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHRegistered No. 486

1. PLACE OF BIRTH

County GilaState ArizonaDistrict or Township Midland City

or Village

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make supplemental report, as directed.

2. Full name of child Margaret Melissa Roberts

3. Sex of Child To be answered ONLY

in event of plural
Small births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

7. Date

of birth

Month Day Year

8.

Full name

FATHER

9. Residence

(Usual place of abode)

If non-resident, give place and state.

10. Color or race

11. Age at last birthday (Years)

12. Birthplace (city or place)

(State or country)

13. Occupation

Nature of Industry

14.

Full maiden name

MOTHER

15. Residence

(Usual place of abode)

If non-resident, give place and state.

16. Color of race

17. Age at last birthday (Years)

18. Birthplace (city or place)

(State or country)

19. Occupation

Nature of Industry

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

(Born alive or stillborn)

at 3:30 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report.

Signature

Address

Month, day, year

Registrar.

Filed

19

Registrar.

492-521-879